ments carried on by DELIUS and KOLLE (*Zeitschrift für Hygiene*, Bd. xxiv.). By what must be considered a remarkable exhibition of skill and perseverance, they cultivated large quantities of influenza bacilli in pigeon-blood and bouillon and on blood-agar. With these cultures—less readily with filtrates—they were able to kill guinea-pigs with symptoms resembling those of cholera, typhoid fever, etc. By none of the known methods were they able to produce immunity. In guinea-pigs, rabbits, dogs, sheep, and goats a certain degree of resistance was obtained against the poison, but neither antitoxic nor bactericidal effects were obtained.

A Case of Alcaptonuria.—HIRSCH (*Berliner klin. Wochenschrift*, October 4, 1897) reports a case of alcaptonuria in a young girl, aged seventeen years, who, for eight days, had suffered from gastro-intestinal catarrh. Nausea and vomiting were the chief symptoms complained of when the patient came under observation. These were associated with slight elevation of temperature.

On the morning after admission the urine presented a brownish-black color similar to that seen in carbolic acid poisoning. When first voided the urine was browner or darker than normal, the color deepening on standing. Some of the urine was allowed to stand overnight. The following morning the urine was still acid in reaction and had become an inky-black color. It was so dark that the intensity of the color was not increased by the addition of alkalies, as is usually the case in this condition. The total amount of urine for the first day that this peculiar feature was observed was 700 c.cm.; reaction weakly acid; sp. gr. 1018. There was no albumin. Fehling's solution was reduced when heat was applied. Nylander's test was negative. Prof. Siegfried extracted an acid from the urine which gave the following reactions: 1. Alkaline solutions of the acid took on a dark-brown color. 2. Ammoniacal silver solutions were reduced in the cold. 3. Fehling's solution was reduced on the application of heat. 4. Very dilute solutions of chloride of iron produced a transitory blue color. 5. The acid yielded a lead salt, which was slightly soluble in cold water. From these reactions it was concluded that the substance in the urine giving rise to them was alcapton.

On the fourth day, after the peculiar darkening of the urine was first noticed, these features entirely disappeared, and the urine became once more normal. The patient had never noticed the same darkening of her urine before, and there was no family history of the disease.

Boedeker first described the condition in 1859, and called it alcaptonuria. The chemical substance causing the change in the urine is believed to be one or the other of the two following acids: (1) uroleucinic acid (Kirk), or (2) homogentisinic acid (Baumann).

Hirsch gives the following as the interesting features in this case: 1. The appearance of the alcaptonuria during an attack of acute gastro-intestinal catarrh.

2. The short duration (three days).

3. In spite of the urine remaining weakly acid the color deepened so intensely that there was no increase in the depth of color after the addition of an alkali.

Phthisis and Child-bearing.—TOWNSEND (*Boston Medical and Surgical Journal*, October 14, 1897, p. 391) draws the following conclusions from the study of twenty-four cases of pregnancy in patients suffering from pulmonary tuberculosis:

1. Conception may take place even in advanced pulmonary tuberculosis.
2. The disease is generally held in abeyance during pregnancy, although it may advance or even originate at this time.
3. Labor is short and easy in proportion to the severity of the disease.
4. During the puerperium a rapid advance, leading in some cases to speedy death, occurs; or the disease may originate at this time. In either case the temperature-chart suggests puerperal sepsis.
5. Premature labor is more common the more advanced the disease, although pregnancy often goes on to full term even in advanced cases.
6. The average weight of the full-term children and their general condition at birth are not markedly below those of children of healthy mothers, except in the rare instances of congenital tuberculosis.

SURGERY.

UNDER THE CHARGE OF

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Temporary Intra-abdominal Compression of the Aorta above its Bifurcation in Operations for Pelvic and Abdominal Tumors.—In connection with the details of a successful operation for double malignant ovarian tumors, with many adhesions, LENNANDER (*Cent. für Gynäk*, No. 17, 1897) describes a method of digital intra-abdominal compression of the aorta which he employed with very gratifying results. The deductions which he draws from this case are the following:

1. A wide compression on the aorta above its bifurcation makes the entire true pelvis practically bloodless.
2. If the common iliac artery is compressed on the vertebræ or the os sacrum above the sacro-iliac synchondrosis, the half of the pelvis is rendered nearly bloodless.
3. The compression was employed for three-quarters of an hour in this instance, with no serious effects; it should not be necessary longer.
4. When the compression ceases, a rapid lowering of the heart's action, due to vasomotor dilatation, should be guarded against by a normal salt solution, intravenous injection.
5. In resections of the spleen or the extirpation of a fixed spleen, the arteria